

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/441,805	11/17/99	385	2874	981117DS

APPLICANT	DAVID F. SMITH, ELLICOTT CITY, MD; MICHAEL C. ANTONE, ELLICOTT CITY, MD.
	<p>**CONTINUING DOMESTIC DATA*****</p> <p>VERIFIED PROVISIONAL APPLICATION NO. 60/108,751 11/17/98</p> <p><u>AB None</u></p>
	<p>**371 (NAT'L STAGE) DATA*****</p> <p>VERIFIED</p> <p><u>AB None</u></p>
	<p>**FOREIGN APPLICATIONS*****</p> <p>VERIFIED</p> <p><u>AB - None</u></p>
IF REQUIRED, FOREIGN FILING LICENSE GRANTED 01/12/00 ** SMALL ENTITY **	

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and Acknowledged	<u>AB</u> Examiner's Initials	MD	3	14	2

ADDRESS	SEE CUSTOMER NUMBER: 021398

TITLE	WAVELENGTH DIVISION MULTIPLEXED OPTICAL TRANSMISSION SYSTEMS, APPARATUSES, AND METHODS

FILING FEE RECEIVED	FEES: Authority has been given in Paper	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
\$380	No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	